

District I
P.O. Box 1980, Hobbs, NM 88240
District II
P.O. Drawer DD, Artesia, NM 88210

Energy, Minerals and Natural Resources Department

Oil Conservation Division

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

Revised 1-1-89

NOV 11 1991

O. C. D.
ARTESIA OFFICE

CLERK
Y.T.
61
OP

Operator: Mack Energy Corporation ✓	Well API No.:
Address: P.O. Box 276, Artesia, New Mexico 88210	Telephone No.: (505) 748-3436
Reason(s) for Filing (Check proper box) _____ Other (Please explain) _____	
New Well _____	Change in Transporter of: _____
Recompletion _____	Oil _____ Dry Gas _____
Change in Operator <u>X</u>	Casinghead Gas _____ Condensate _____

Effective 8/1/91

If change of operator give name and address of previous operator **Metex Pipe & Supply, PO Box 1037, Artesia, New Mexico, 88211-1037**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Wilson State	Well No. #1	Pool Name, including Formation Turkey Track-7R-QN-GB-SA	Kind of Lease <u>State</u> Federal or Fee	Lease No. B6631
Location: Unit L : 990 Feet From The West line and 1650 Feet From The South Line. Sec 36 T 18S R 29E NMPM Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Authorized Transporter of Oil <u>X</u> or Condensate _____ Navajo Refining Company	Address-Give address to which approved copy of this form is to be sent P.O. Drawer 159, Artesia, NM 88210				
Authorized Transporter of Casinghead Gas _____ or Dry Gas _____	Address-Give address to which approved copy of this form is to be sent				
If well produces oil or liquids, give location of tanks	Unit L	Sec. 36	Twp. Rge 18S 29E	Is gas actually connected? No	When?

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'	Diff Res'
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations	Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement
			<i>Post ID-3 11-22-91 chg up</i>

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run to Tank		Date of Test	Producing Method
Length of Test	Tubing Pres	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbl	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Deb E. Chase
Deb E. Chase, Production Clerk

11/11/91
August 1, 1991

Date

OIL CONSERVATION DIVISION

Date Approved **NOV 11 1991**

By **ORIGINAL SIGNED BY**
MIKE WILLIAMS
Title **SUPERVISOR, DISTRICT II**